



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR ARCHITECTURE CERTIFICATE OF AUTHORIZATION

INSTRUCTIONS

File this application when a corporation, limited liability company or partnership provides, or offers to provide, architecture services in Delaware. To apply:

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Enclose copy of State of Delaware [business license](#) issued by the Division of Revenue.
- ☐ Arrange for each designated professional-in-charge to sign and seal an *Acknowledgment of Professional in Charge*.

TYPE OF APPLICATION

1. Check one:

- ☐ This is an *initial* application for an architecture business.
- ☐ This is a new application for an existing, licensed architecture business due to change of ownership. If approved, a new license number will be issued.
 - Name of business as it appears on the current license: _____
 - Professional license number from current license: _____
- ☐ This is a re-application for a certificate of authorization that lapsed and is no longer renewable. If approved, a new license number will be issued.
 - Name of business as it appeared on the lapsed license: _____
 - Professional license number from lapsed license: _____

CONTACT AND LOCATION INFORMATION

2. Business Name: _____

3. Address of **Physical Location** of Main Office: _____
Street (no PO Box)

City State Zip

4. Phone: _____ Fax: _____

5. Email: _____

6. **Mailing Address** of Main Office (if different): _____

City State Zip

7. If the address you entered in Question 2 is not in Delaware, does business have any Delaware locations? Yes ☐ No ☐ If yes, enter the following information about each Delaware location:

_____	_____	<u>DE</u>
Street	City	Zip
_____	_____	<u>DE</u>
Street	City	Zip
_____	_____	<u>DE</u>
Street	City	Zip

8. Federal EIN: _____

OWNERSHIP INFORMATION

9. The owner of this business is a (check one): ☐ Corporation ☐ Partnership ☐ Limited liability company
10. Enter state where incorporated, formed or registered: _____
11. Enter the following information about all corporate officers, board members, members, managers, principals, and partners.

NAME	POSITION	ADDRESS

You may attach a list instead of completing the table. The list must include the same information.

DISCLOSURES

12. Do all personnel of this business who practice architecture in Delaware hold a current Delaware architecture license? Yes ☐ No ☐ **If no, attach an explanation.**

PROFESSIONAL IN CHARGE INFORMATION

13. List name(s) of any person who is in responsible charge of the practice of architecture in Delaware on behalf of this partnership or corporation: _____

Arrange for *each* person listed above to sign and seal an *Acknowledgment of Professional in Charge* on the next page.

If more space is needed, you may copy this page.

ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE

I, _____, acknowledge that I have been designated as a person in responsible charge of and/or for direct supervision of architecture services offered or provided in Delaware by the corporation, limited liability company or partnership named above. I understand that the Board must be notified within 30 days if I am no longer associated with or acting in this capacity for this corporation, limited liability company or partnership.

Signature: _____

AFFIX SEAL

Delaware Architecture License No: _____

ACKNOWLEDGMENT OF PROFESSIONAL IN CHARGE

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Signature: _____

AFFIX SEAL

Delaware Architecture License No: _____

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date (as specified on website: dpr.delaware.gov):

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 60 days of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 2-4 weeks to receive your license.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for a Certificate of Authorization (24 Del. C. §312A) on behalf of the corporation, limited liability company or partnership indicated above, that he/she has read and reviewed the information provided in the *Application for Architecture Certificate of Authorization* and that the information and statements contained therein are true and correct, and that he or she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

The undersigned further affirms that he/she understands that all applicants for an Architecture Certificate of Authorization must comply with all State of Delaware tax laws and must not engage in the practice of architecture in Delaware without a valid Certificate of Authorization.

The undersigned further affirms that any change in ownership of the corporation, limited liability company or partnership requires prompt submission of a new application and that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change.

THE PENALTY FOR FAILING TO FILE THIS APPLICATION WHEN REQUIRED IS A FINE OF UP TO \$2,500 FOR THE FIRST OFFENSE AND UP TO \$5,000 FOR THE SECOND OFFENSE.

Printed Name: _____ Title: _____

Signature: _____ **Date:** _____

State of _____
County of _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

Signature of Notary Public: _____
My Commission expires: _____

SEAL

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED PROCESSING FEE WILL BE REJECTED.